

Conservatives of North Central Arkansas (CONCA-PAC) Membership Registration Application

MEMBER INFORMATION

Full Name: _____ **Date:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Phone: _____ **Email:** _____

Preferred Contact: Phone Email Text

MEMBERSHIP DETAILS

Member ID: _____ **Membership Type:** New Member Renewal

Sponsor Name: _____ **Date Processed:** _____

MEMBERSHIP DUES

Annual Dues Amount: \$ _____ **Amount Paid:** \$ _____ **Date Paid:** _____

Payment Method: Cash Check **Received By:** _____

AREAS OF INTEREST (Check any)

- Election Integrity Local Government Issues State Legislation Federal Policy Second Amendment Rights
- Religious Liberty Education Policy Border Security / Immigration Economic & Fiscal Responsibility
- Agriculture Veterans Issues Campaign Volunteering Community Outreach
- Event Planning Fundraising Youth / Student Engagement Other: _____

VOLUNTEER INTEREST

- Voter Registration Poll Watching Door-to-Door Outreach Phone Calls / Texting
- Social Media Event Support Administrative Help Hosting Meetings
- Other: _____

MEMBER ACKNOWLEDGMENT

I certify that the information provided is accurate and that I support the mission and goals of Conservatives of North Central Arkansas (CONCA-PAC).

Signature: _____ **Date:** _____

Office Use Only

Application Received By: _____ **Date Entered:** _____

Membership Status: Approved Pending Declined

